

## The Nature and Extent of Homelessness



This section describes the nature and extent of homelessness. It defines homelessness, as well as who is at risk of homelessness, and what we know about the demographics and other characteristics of homeless people in Seattle. The Continuum of Care, or plan for housing and services, and priority needs are also described.

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### Introduction

To fully understand the nature and extent of homelessness, it is necessary to realize that people who are homeless or at risk of losing their housing are as varied as the general population. They have different family relationships, backgrounds, ages, ethnicities, and genders. Defining homelessness, therefore, is not a simple matter.

Our community has used the definition for homelessness included in the Stewart B. McKinney Act of 1994 in order to comply with requirements of various federal funding resources. According to this Act, a person is considered homeless if he/she “lacks a fixed, regular, and adequate night-time residence and has a primary night-time residence that is:

- (A) A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
- (B) An institution that provides a temporary residence for individuals intended to be institutionalized, or

- (C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”

A number of newly published reports have defined homelessness with more clarity and in ways that are better suited to the needs of homeless people. By embracing these new definitions, Seattle is joining many like-minded communities across the country by incorporating the following definitions in policies and strategic plans in order to better address gaps in housing and services. These studies have identified three primary categories of homeless people:

*Transitionally homeless persons* generally have a single episode of homelessness lasting an average of 58 days, although they might be homeless for up to six months. They move quickly through the homeless assistance system, and their principal need is for safe, decent, and affordable housing. Transitionally homeless people are typically working entry-level jobs as well as those, such as seniors, who are on fixed incomes. An increase in rent, loss of a job, or medical emergency could result in the loss of their housing.

*Episodically homeless persons* have four to five episodes of homelessness and are usually homeless for a short time, on average about 265 days. They may cycle back and forth from being housed to being homeless.

*Chronically homeless persons* experience a disabling condition and have either been continuously homeless for a year or more or have had at least four episodes of homelessness in the past three years. These individuals often live on the streets or cycle from shelter to shelter. Although much attention has been focused recently on chronically homeless single adults, Seattle is also looking at chronicity patterns of homeless families.

## What we know about homelessness

The 2000 Census provides much information about the housing needs of people who have various incomes in our community, as described in the Low-Income Households with Housing Needs section of this Consolidated Plan. For people who are on the streets or staying in emergency shelters and transitional housing programs, the primary source of unduplicated data is the annual One Night Count (ONC) of Homeless People in Seattle-King County. Supplementing this is information from the Crisis Clinic, Sound Families (an initiative of the Bill & Melinda Gates Foundation to mobilize public and private monies to develop and expand the infrastructure of transitional housing and supportive services to assist homeless families), and Health Care for the Homeless Network (HCHN).

The One Night Count provides a count and demographic data on individuals residing in emergency shelters and transitional housing programs at a point in time but undercounts the unsheltered population and provides poor information on what kind of people are unsheltered. Although methodology is improved every year, this source of data will always paint only a partial picture of Seattle's homeless people. It is, however, the only point-in-time source of data available for all homeless populations. For the time being it must be relied upon to describe the overall nature and extent of homelessness.

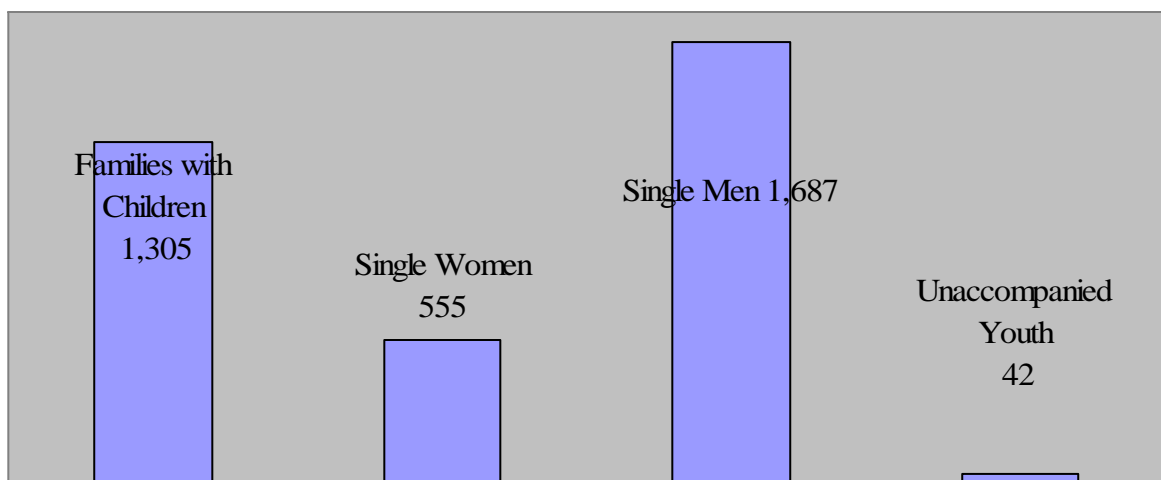
Richer sources of data exist for some subpopulations, but are collected using a variety of methods of varying quality and scope. Some of these data sources are valuable in providing an in-depth description of the needs of subpopulations. These descriptions are included in the Needs of Special Populations section of this document.

Safe Harbors, our community's Homelessness Management Information System (HMIS), is beginning to collect information about those who receive services in the City of Seattle as well as King County. As coverage increases in this system, we look forward to knowing more about the need for, and use of, housing and services so that we can modify and adjust our services and housing patterns to more effectively address the needs of those who seek assistance from our continuum of care.

The following is what we know about homeless people in Seattle at this time. This information is the basis for the strategies included in this plan:

- In October 2003, the One Night Count of Homeless People found nearly 5,400 homeless persons in Seattle. These included single adults, families and unaccompanied youth (under 18 years of age). Of this total, 3,595 were living in emergency shelters and transitional housing programs and 1,802 were unsheltered.
- There were 2,068 individuals in 1,745 households in emergency shelters. There were 1,527 individuals in 892 households in transitional housing programs.
- Single men were the most numerous of sheltered and unsheltered homeless persons. Single men made up 47% (1,687 individuals) of all persons living in shelters and transitional housing programs. Families with children and single women constituted 36% (1,305 individuals in families) and 15% (555 single women) respectively. The remainder were unaccompanied youth under 18 years of age (2% or 42 individuals).

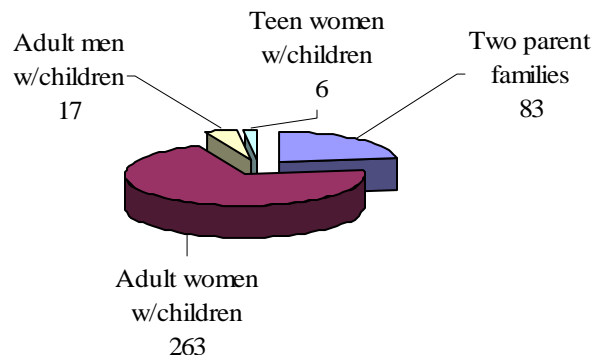
### Individuals in Shelters and Transitional Housing



Source: Seattle-King County Coalition for the Homeless, October 2003

- The number of households in shelters and transitional housing programs included 369 families (defined as one or more adults with one or more children). The majority of children were with their mother or other female caretaker (73%), some were with both parents or two caretakers (22%), and a few were with their father or male caretaker (5%).

### Families in Shelters and Transitional Housing by Household Composition



Source: Seattle-King County Coalition for the Homeless, October 2003

- Twenty-four percent, or 870, of the persons in shelters and transitional housing programs are children under the age of 18 years. In these same types of programs, more than half (58%) are between the ages of 26-59 years of age.

Homeless Individuals in Shelters and Transitional Housing by Age		
Age	Number	Percent
0-12 years	645	18%
13-17	225	6%
18-25	291	8%
26-59	2076	58%
60 and older	208	6%
Unknown	150	4%
<b>Total</b>	<b>3,595</b>	<b>100%</b>

Source: Seattle-King County Coalition for the Homeless, October 2003

- Two-thirds of all adults (1,703 individuals) in shelters and transitional housing were men. There were 867 adult women and five adult persons who identified as transgender.
- According to the mid-course evaluation of Sound Families (February 2004), eight out of ten families are headed by a single caregiver, most typically a woman.

- Racial disparity is very apparent among the homeless population. Although information about race is not collected during the street count, the survey of shelters and transitional housing programs reported that African American, American Indian/Alaska Native, and Hispanic people comprise 42.5% of the homeless population, whereas in the general populations people of these races make up just 30% of the total adult population in Seattle.

Data from the Health Care for the Homeless Network also shows a disproportionate number of homeless people who are people of color. Of the 21,776 unduplicated patients served by HCHN, 54% were people of color – 20% were African American, 6% were American Indian/Alaska Native, 16% were Hispanic/Latino, and 6% were multi-racial. (*Report to the HCHN Planning Council, May 17, 2004*)

- Shelter and transitional housing providers continue to serve significant numbers of persons who are recent arrivals to the U.S., mainly from Africa, especially large families from East Africa. Although Native Americans account for 4% of persons seen by shelters and transitional housing programs, their numbers are believed to be higher among the unsheltered population. Southeast Asian refugees have expressed concerns that shelters do not address their cultural and language needs. As a consequence, many prefer to double up with other Southeast Asian households, often living in very crowded conditions.

Homeless Individuals in Shelters and Transitional Housing by Race/Ethnicity		
Race/Ethnicity	Number	Percent
White/Caucasian	1,233	34%
Black/ African American	1,039	29%
African	358	10%
Hispanic/Latino	349	10%
Native American	124	3%
Asian/ Asian American	66	2%
Hawaiian Native/Pacific Islander	64	2%
Multi-racial	100	3%
Other/Unknown	263	7%
<b>Total</b>	<b>3,595</b>	<b>100%</b>

*Source: Seattle-King County Coalition for the Homeless, October 2003*

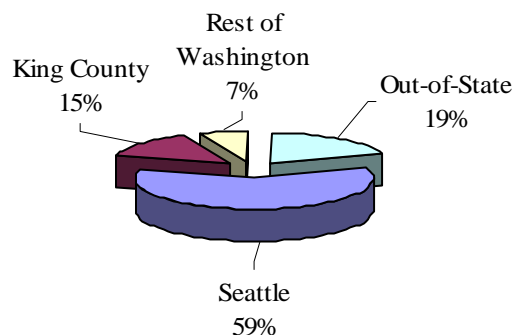
- Although immigrants or refugees were found in shelters serving single adults and families, the greatest number were families in transitional housing. Correspondingly, these programs reported many of these individuals and families used another language for their primary means of communication.

Homeless Households in Shelters and Transitional Housing by Immigration Status and Need for Translation Services					
		Single Adults		Families	
	Totals	Shelter	Transitional Housing	Shelter	Transitional Housing
Immigrants/ Refugees	415	36	48	67	264
Limited English Speaking	355	54	33	56	212

Source: Seattle-King County Coalition for the Homeless, October 2003

- Of the 1,624 households who reported a last permanent address in the One Night Count survey, 969 or 60% were from Seattle, 237 or 14% were from the balance of King County, 108 or 4% were from other parts of Washington, and 310 or 20% were from other parts of the nation.

### Last Permanent Address of Households in Shelters and Transitional Housing



Source: Seattle-King County Coalition for the Homeless, October 2003

- An increasing challenge is the number of incarcerated individuals who complete their sentences and are discharged back into the community without a housing plan. On April 14, 2004, 133 homeless sex and kidnapping offenders in Seattle registered with a point of contact and 29 were homeless registered without a point of contact. Eighty-five percent of these offenders were residing in emergency shelters<sup>1</sup>.

<sup>1</sup> Source: City of Seattle Police Department – Sex Offender Detail

## Key factors that contribute to homelessness

Several trends emerge as largely contributing to the rise in homelessness across the nation. There is the growing shortage of affordable rental housing compounded by a simultaneous increase in poverty. The release of individuals from mainstream systems, such as criminal justice, hospitals, and foster care, without the benefit of a housing plan is another trend we see. Contributing trends also include the lack of adequate health care, the rise in domestic violence, the increasing severity of mental illness and substance abuse, and insufficient support for immigrants and refugees.

Seattle, unfortunately, has not escaped these impacts, and data from the annual One Night Count and other local programs are consistent with these causal factors. For the individuals and families in shelters and transitional housing programs on the night of October 16, 2003, the following factors and disabilities were reported to be contributing to their homelessness:

<i><b>Contributing Factor</b></i>	<i><b>Individuals</b></i>	<i><b>Percent</b></i>
Economic or financial loss	468	20%
Transience	411	17%
Eviction/displacement	256	11%
Family crisis	254	11%
Other	262	11%
Domestic violence	225	9%
Emotional abuse	187	8%
Physical abuse	130	5%
Did not meet housing criteria	109	5%
Racism	39	2%
Minor chose to leave home	14	1%
Minor asked to leave home	30	1%

*Source: Seattle-King County Coalition for the Homeless, October 2003*

<i><b>Disability</b></i>	<i><b>Individuals</b></i>	<i><b>Percent</b></i>
Alcohol/substance abuse	556	31%
Mental illness	514	29%
Dually diagnosed	240	13%
Physical disability	184	10%
Developmental disability	74	4%
HIV/AIDS	60	3%
Needing acute respite care	60	3%
Needing acute health care	44	3%
Other	48	3%

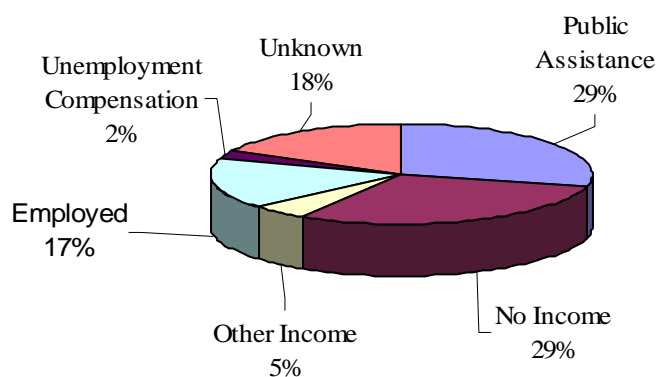
*Source: Seattle-King County Coalition for the Homeless, October 2003*

Acute and chronic health conditions are documented by encounter data collected by the Health Care for the Homeless Network. In 2003, there were a total of 21,776 unduplicated individuals accounting for 93,669 separate encounters. Of these encounters, mental health was one of the top three most common problems recorded by medical providers for single women, children, family adults, and unaccompanied youth under 18 years of age. Although not recorded in the top three, mental health was identified frequently among single men after such acute health conditions as musculo/skeletal disorder and chemical dependency. As in past years, health problems related to

substance abuse, skin disorders, upper respiratory, and heart circulation conditions were high on the list of common problems for homeless populations seen.

As mentioned above, poverty and homelessness go hand in hand. According to the One Night Count, 2,637 households were surveyed in shelters and transitional housing programs. Of these households, 788 or 29% had no income and another 760 or 29% were receiving some form of public assistance. Only 17% (447 households) were employed and 5% (124 households) reported other income such as veterans disability, pension, or social security income. Unemployment compensation was reportedly received by 54 households. Income information was not obtained for 464 households.

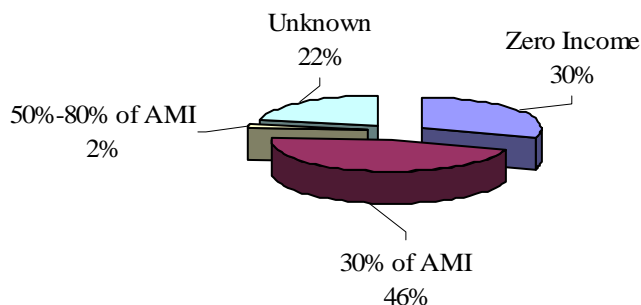
**Source of Income by Household in Shelters and Transitional Housing**



*Source: Seattle-King County Coalition for the Homeless, October 2003*

Another way of understanding the economic circumstances for homeless people, at least those who are not on the streets, is to look at the area median income (AMI) for Seattle. Of the 2,637 households surveyed in the One Night Count, 788 or 30% had no income, 1,224 or 46% fell within the 30% of AMI range. Only 44 or 2% of the households fell within the 50% to 80 % range. Income information was not obtained for 22% or 581 of the households.

### Amount of Income by Household in Shelters and Transitional Housing Program



Source: Seattle-King County Coalition for the Homeless, October 2003

The mid-course evaluation of the Sound Families program, conducted in February 2004, offers another source of information about causes of homelessness. Families in that program reported the following primary cause of their homelessness:

Loss of primary income/no income	44%
Lack of living wage	41%
Poor financial management	28%
Lack of affordable housing	27%
Domestic violence	25%
Other	24%
Divorce/separation or loss of roommate	22%
Eviction history	19%
Drug abuse	16%
Alcohol abuse	11%
Mental illness	11%
Medical/health issue	9%
Criminal history	7%

### What we know about those at risk of being homeless

While the above discussion describes people who are homeless, it does not address those who are under housed or those who are at risk of losing their housing. They come from a variety of cultural, ethnic, and linguistic backgrounds. They include young adults freshly discharged from the foster care system, middle-aged workers, as well as others who are disabled or elderly. These households live in market rate rental housing, subsidized housing, or may even own their homes. They might be your neighbors, a family member, a friend, or a veteran who served during wartime. They are people living in overcrowded or unsafe conditions, or are those who “couch surf”, stay in motels or find other temporary places to sleep at night.

Housing affordability is a major factor in determining the risk of homelessness. Housing is considered “affordable” when a low-income household pays no more than 30% of its income for housing, including utilities. Households paying more than 30% of their income on housing are increasingly at risk. The advent of welfare reform and the reduction in Temporary Assistance for Needy Families (TANF) and other public benefits removed or reduced the income cushion for vulnerable households. Many do not or cannot make sufficient incomes to live in high-cost urban areas, such as the City of Seattle. Based on available data from the 2000 Census, 29% of Seattle’s households are extremely or very low-income (0-50% of Median Family Income, or MFI). Of those households, 27,643 extremely and very low-income households (owner and renter) pay more than one-half of their income for housing costs. Even more alarming, 20,404 of these households earn less than 30% of the median family income.

Ready access to safety net services, therefore, is critical to meet the needs of people who are facing a housing crisis. Utilization reports from the Crisis Clinic, our community’s primary information and referral resource, are an indicator of need for eviction prevention services and emergency shelter for those who have lost their housing. In calendar year 2003, 11,941 calls to the Crisis Clinic Community Information Line were received from people seeking assistance with basic needs – 6,677 were for housing and emergency shelter. Another 9,378 calls were reported for financial assistance from people in Seattle. Seventy-five percent of these calls (7,010) were for financial assistance for rent/mortgage, heat/lights, and water/sewer assistance. Moreover, focus groups conducted in 2003 in the development of the Strategic Investment Plan overwhelmingly support the importance and efficacy of these prevention efforts. Likewise, respondents to the Community Development Household Survey reported having housing hardships and ranked help with rent costs as one of the top priorities for use of Consolidated Plan funds. In fact, survey respondents, almost half of whom live in rental assistance housing (47%) reported having economic hardships, even with rental assistance (66% of all 1,077 respondents reported having economic hardships).<sup>2</sup>

## City of Seattle’s response to homelessness – a continuum of care

In 2003, the Committee to End Homelessness (CEH) was designated as the principal region-wide forum to oversee Seattle-King County’s homelessness response or Continuum of Care. Eight founding partners signed a Memorandum of Agreement that established a governing structure and laid out a vision for the development of an effective continuum of housing and services, plus strategies to end homelessness in King County by the year 2014. As one of the founders of the Committee to End Homelessness, the City of Seattle actively participates in this regional forum, linking the planning process to this Consolidated Plan.

The Committee to End Homelessness sets policy direction and guidance for Seattle and the neighboring communities’ approach to responding to the range of services and housing affecting homeless people and people at risk of homelessness, including people who are chronically homeless. The Committee is the nexus for coordinating complementary efforts, such as the McKinney Steering Committee and the Taking Health Care Home initiative that will strengthen

<sup>2</sup> Rent-assisted housing, depending upon a project’s financing structure and sources of operating support, does not necessarily lower an individual renter’s rent cost to within the 30% affordability level defined by HUD. Therefore, many tenants in affordable housing units continue to have a cost burden greater than 30% of household income.

our stock of supportive housing for chronically homeless persons, and the work of our community's ongoing McKinney Steering Committee.

The CEH will bring renewed focus to collaborative efforts that go beyond managing homeless, to ending homelessness in Seattle and King County. The Committee's recommendations are expected in the early winter of 2004. These recommendations will be utilized by Seattle, King County, and neighboring communities to guide how our resources will be utilized to achieve funding outcomes that move people out of homelessness. We will use these recommendations to affect resources linked to the Consolidated Plan and as a guide to attracting new resources.

Five planning groups, each charged with a particular planning area, are linked to and are represented on the CEH to ensure coordinated homelessness planning. Each group meets monthly to focus on critical elements of our continuum of care, guaranteeing an efficient and comprehensive planning process.

The *McKinney CoC Steering Committee* is a planning and policy partner to the overall continuum of care. It identifies emerging issues and gaps and recommends improvements to the continuum. It also serves as an advisory group to the HUD McKinney-Vento continuum of care staff team that oversees the priority ranking process.

*Health Care for the Homeless Planning Council* is a community-wide planning and governance structure committed to the provision of health care for persons who are homeless. The Health Care for the Homeless Network provides leadership and direction in care that integrates physical health, mental health, addiction services, housing, and necessary social supports.

*Chronic Populations Action Council* (CPAC) is charged with improving the system of support, treatment and housing for those experiencing chemical dependency, mental health and/or co-occurring disorders in King County. To accomplish this, the CPAC analyzes data about usage of systems, including criminal justice, and produces housing and service plans for these populations; identifies and pursues new, integrated, and expanded funding sources; and advocates for improved program policies, procedures, and training.

*AIDS Housing Committee* is the major planning entity for housing/services for persons with HIV/AIDS. Their planning is driven by a systems integration model that brings together key stakeholders across all sub-populations and housing/services systems.

*Taking Health Care Home King County Funders Group* is a system planning effort, staffed by the City's Office of Housing through financial support from the Corporation for Supportive Housing, which brings funders of housing and services together to create permanent supportive housing for persons who are chronically homeless. The group consists of city and county funders of housing development and supportive services that include mental health, chemical dependency, health care and developmental disabilities as well as other entities such as United Way and the county hospital (Harborview Medical Center).

## The fundamental components of our continuum of care

A continuum of care includes actions and strategies for moving homeless individuals and families to stable housing and achieving maximum self-sufficiency. The City of Seattle contracts with a variety of non-profit organizations to provide most of the housing or services. Some services, such as utility assistance and case management for elderly and disabled households to maintain their housing, are provided directly by City staff. Guiding the allocation of Seattle's resources are the Consolidated Plan, Strategic Investment Plan, McKinney grant requirements, and Committee to End Homelessness Ten Year Plan. As recommendations of the Committee to End Homelessness are developed, the City of Seattle will work with its regional partners to improve our continuum of care. Future updates to the Consolidated Plan will outline any changes we wish to make as well as progress to end homelessness in our city.

The following section presents the fundamental components of Seattle's current continuum of care. Also included is a diagram of the continuum that displays the connection between the various components.

### **Prevention**

Numerous services are in place to keep individuals and families in housing, whether they have never been homeless or were formerly homeless and now live in permanent housing. These range from large programs operated by government agencies, including those providing mainstream services, and major non-profit organizations, to small help funds established and operated by neighborhood and faith-based groups. These services foster a "no wrong door" approach to identify and remedy crises as quickly as possible.

In addition to the provision of the services listed below, efforts are underway to close the door to homelessness by working with mainstream systems, such as foster care, health care, and criminal justice through better discharge planning and transitional services.

Funding sources include Federal Emergency Management Agency (FEMA), state Emergency Shelter Assistance Program (ESAP), state Transitional Housing Operating and Rent (THOR) administered by King County, and state Additional Requirements for Emergency Needs (AREN) programs, Low-Income Home Energy Assistance Program (LIHEAP), Emergency Housing Assistance Program (EHAP), Ryan White Title 1, HOPWA, local government allocations, United Way of King County, private donations, faith-based entities, and local thrift store receipts.

*Intended result: To keep people in housing so they do not become homeless.*

*Services in place:*

- Mortgage/rental assistance/other housing-related financial assistance
- Housing stability case management (eviction prevention)
- Payee programs
- Tenant/landlord programs and legal assistance
- Utility assistance
- Hotlines/help lines
- Computerized eligibility and application tools

Resource manuals  
 Adult day health  
 Youth-specific prevention efforts, including efforts to prevent domestic violence  
 Immigrant and refugee service organizations  
 Refugee resettlement agencies  
 Mental health and drug courts

*How people access/receive assistance:*

Those with an immediate life/safety crisis rely on hotlines for help. When calls are made to the Crisis Clinic or other local hotlines, calls are screened for type of assistance needed and geographic location, and referrals are made to appropriate service providers. Callers to HUD's national homeless assistance hotline are linked to Crisis Clinic's Community Information Line. People also rely on word of mouth or increasingly use on-line information and referral tools, such as the Community Information Line's Community Resources Online ([www.crisisclinic.org](http://www.crisisclinic.org)) for information and referrals. These searchable databases delineate types and locations of housing and supportive services. Lifelong AIDS has launched a housing website that provides housing resource materials for people who are not eligible for the AIDS-designated inventory. The organization is also providing tenant trainings for finding and maintaining housing. Many people simply walk into a service provider in person (e.g., day centers, hygiene programs, Mutual Assistance Associations and multi-service centers). With our "no wrong door" approach, intake workers, case managers and social workers play a key role in assisting people at risk of homelessness by assessing the immediate needs and making referrals to appropriate assistance. Front line staff use the Crisis Clinic's computerized database and resource manuals to help clients. Most organizations have established relationships with each other to facilitate client referrals. This is true for the mainstream services in our community as well.

**Outreach, Intake, and Assessment**

A variety of approaches identify and engage homeless individuals in homeless assistance programs. Special efforts are targeted to helping youth and young adults, veterans, people who are seriously mentally ill, substance abusers, and people living with HIV/AIDS. These approaches include street canvassing, mobile vans, drop-in and hygiene centers, emergency shelter dispatch, encampment response programs, day labor dispatch sites, health care, special programs in public schools, criminal justice system, and literature, websites, and presentations. Several state and federal sources support this component, coupled with McKinney, HOPWA, and General Funds. United Way and private resources are also important.

*Intended result: To identify the needs of homeless individuals or family and link them to an appropriate housing and/or service resource.*

*Services in place for unsheltered people:*

In Seattle, workers who are most familiar with chronic street people build relationships based on trust and hope, overcome barriers, and bring care to homeless people. Because these outreach workers do their work while on the streets, in shelters, and at meal programs, drop-in centers, and the sobering center, we characterize our efforts as outreach and inreach. There are specialized outreach/inreach programs as well as outreach components within a homeless-serving agency's

larger array of services. Ongoing street canvassing as well as the annual One Night Count provide us with information about where unsheltered people are found. The following describes outreach services for subpopulations of homeless people:

Youth/Young Adults (minors alone and individuals under 24 years of age) –

Outreach workers spend most of their time where youth/young adults hang out – on the streets and at drop-in, hygiene centers, and public health clinics – to build relationships over time and to link them to case management services, mainstream supports, and housing. Outreach workers also focus on survival sex and sexual exploitation among the youth/young adults. Outreach workers of our McKinney-funded regional youth outreach program, PRO Youth, also provide case management and appropriately refer and document provision of supportive services and housing for homeless youth/young adults in Seattle-King County. Outreach, information and referral services, and case management assist youth and young adults in taking whatever next step may be for each of them toward stable housing. Many young people are fearful of services and the provision of basic needs like food and hygiene supplies by outreach workers is the first step in engagement. Others need intensive support for accessing services to meet multiple needs, while many require help with completing their education, gaining job readiness and independent living skills to work toward independent housing. The system of outreach, case management and drop-in centers form a central function in effectively engaging hundreds of youth and young adults in services and moving them out of homelessness.

Single Adults –

Mental Health Chaplaincy is an outreach and engagement program for the most difficult and most vulnerable mentally ill street homeless people. This model has four phases to working with homeless individuals – approach, companionship, partnership, and mutuality – to build and share a relationship with the client. The process helps people evolve until they are ready to access services on their own terms. In practice, outreach workers spend time with homeless people on the street, becoming part of their everyday experience, becoming familiar to them, and offering companionship. The Mental Health Chaplaincy works with Harborview Mental Health, local emergency rooms, Downtown Emergency Service Center, and the Health Care for the Homeless Network.

Outreach and engagement specialists of Downtown Emergency Service Center's HOST (Homeless, Outreach, Stabilization, and Transition) Project target unsheltered homeless individuals who are typically chronically homeless and have a severe and persistent mental illness or co-occurring disorder or in specifically targeted programs or facilities. While some clients are approached directly while on the street, engagement for others is initiated by a referral to DESC from concerned citizens, jails, WA State Department of Health and Human Services (DSHS), the mental health court, hospitals, the Harborview Medical Crisis Triage Unit, public libraries, family members, and other mental health professionals, shelters, and drop-in centers. HOST staff connect people to other DESC services, including the day center, emergency shelter, safe haven, and intensive case management services. Or, depending on an assessment of the client's need, a referral is made to a more appropriate provider. Through a formal agreement with DSHS, applications from HOST clients are expedited for GAU and GAX, which is the path to Medicaid and thus other assistance. Additionally, a HOST staff person is out-stationed at the DSHS agency one day a week so eligibility workers there can refer clients to HOST if necessary.

Evergreen Treatment Center's REACH Project targets homeless chronic public inebriates and other drug abusers. REACH staff receive referrals from the Dutch Shisler Sobering Center, where

they are co-located, or conduct outreach on the street. Eight case managers with caseloads of about 20 people each work with these individuals to link them to support services and move them into appropriate housing. REACH case managers facilitate applications to the state's publicly-subsidized chemical dependency treatment program (Alcohol Drug Abuse Treatment and Support Act - ADATSA) and other mainstream services, and they make placements in various housing programs for these clients.

Women's Referral Center and YWCA's Angeline's Day Center, both centrally located in downtown Seattle, serve as the primary portals for chronic homeless women. There, mental health and substance abuse specialists and nursing staff provide inreach efforts. Additionally, resource specialists help women apply for housing if they are appropriate for particular settings. Angeline's staff members connect with case managers from various programs so they know whom to contact if problems with individual women arise. If a woman does not have a case manager from any service provider, the staff connects them to a program that meets their specific housing barriers and cultural needs.

#### Families –

Pathways Home, a McKinney-funded services only project, promotes housing stability for homeless families experiencing serious, multiple barriers to care by partnering with parent(s) to provide family-centered, child-focused health and behavioral health services. The services include: outreach and engagement services, case management, nursing care, primary medical care, psychiatric care, mental health and substance abuse counseling services, assistance with securing permanent housing, and securing linkages with mainstream, community-based services. Pathways Home identifies homeless families by referrals from other programs and staff visits to clinics, day centers, and shelters. Though not as common, some families are self-referrals; they've heard about the program from another homeless family.

Additionally, Pathways Home staff visit those families self-paying in hotels and motels to try to engage them in our continuum of care. Each family is evaluated for their income sources, health care coverage, and use of mainstream services in addition to their specific housing, social and health needs. For those clients who are eligible for services but not utilizing them, the team will support the application process for the client in whatever form necessary given the client's capacity. This ranges from simple transportation to an appointment to accompaniment and completion of forms for those who lack the capacity to do so. Case managers serve as advocates for the clients during an application process and monitor it closely.

#### *Other specialized outreach, intake and assessment services:*

For veterans, specially trained staff at the county and federal levels make frequent visits to criminal justice facilities, shelters, clinics, and drop-in centers to identify and enroll homeless veterans in benefits for which they are eligible.

For people who are mentally ill, assistance is available through a dedicated county-wide telephone crisis intervention response that is operated by the Crisis Clinic, King County Crisis and Commitment Services, Harborview Mental Health Crisis Intervention Services, King County Regional Support Network, King County mental Health Court and Seattle Municipal Mental Health Court.

A new HIV Enhancement and Engagement Team (HEET) provided intensive outreach and engagement services to homeless persons with HIV/AIDS in the King County correctional facility. They work to overcome existing gaps and barriers to housing and services by building alliances with each client at his/her own pace. Linkages are made for clients to rapidly work on housing acquisition while simultaneously engaging in various needed treatment towards stabilization and recovery.

### **Supportive Services**

Supportive services make independent living possible for homeless and formerly homeless people who have barriers that prevent them from maintaining permanent housing. These services are often provided by staff associated with the housing provider, by mainstream systems or arranged under a memorandum of agreement between the housing provider and a service provider(s). New initiatives are underway in our community to improve the provision of supportive services. Increased collaboration among partners is enabling a more seamless linkage of homeless people to eligible public benefits. Multiple funding sources make the provision of supportive services available in our community. In addition to state, federal, United Way, and private sources, the City of Seattle allocates CDBG, ESG, HOPWA, HOME, McKinney, and General Funds to this component of the continuum. Program income is also an important resource for providers.

*Intended result: To enable homeless and formerly homeless individuals and families to sustain their housing and live as independently as possible.*

*Supportive services in place:*

- Case management
- Health care
- Dental care
- Eye care
- Substance abuse and mental health treatment
- HIV/AIDS-related services
- Education, vocational and employment assistance
- Child care
- Food banks and meal programs
- Day centers and hygiene
- Transportation
- Chore services
- Parenting education
- Legal assistance and advocacy, including those services for victims of domestic violence
- Credit counseling
- Mail/banking/phone services.

### **Emergency Shelter:**

Emergency shelter is temporary protection from the elements and unsafe streets for individuals and families. In Seattle, shelter programs are either fixed capacity (facility-based) or flexible capacity (hotel/motel vouchers, tent city, etc.). The programs include night shelters where individuals or families sleep as well as day shelters where their basic health, food, clothing, and personal hygiene needs are addressed. Information and referral about supportive services and

housing in our community is provided by written materials and bulletin boards and, in cases where programs having the funding to do so, by staff who are able to provide more specialized attention to the households staying in the shelter. Funding sources include ESG, CDBG, state ESAP, FEMA, General Funds, United Way, and private resources.

*Intended result: To provide temporary protective environment to homeless individuals and families.*

*Current capacity:*

<b>2004 Emergency Shelter Inventory Seattle</b>					
<b>Populations</b>	<b>Year Round Beds</b>	<b>Beds Under Development</b>	<b>Seasonal Beds</b>	<b>Vouchers / Overflow</b>	<b>Total</b>
Youth (under 18 yrs)	3	0	0	0	3
Young adults (18-25 yrs)	33	0	0	0	33
Single Women	280	0	35	0	315
Single Men	932	0	154	0	1,086
Single Adults	489	0	150	8	647
Families	527	27	3	14	571
<b>Total</b>	<b>2,264</b>	<b>27</b>	<b>342</b>	<b>22</b>	<b>2,655</b>

*Source: 2004 Seattle-King County Consolidated Continuum of Care Application (McKinney)*

### **Transitional Housing:**

Transitional housing is temporary housing, ranging from 90 days to 24 months, with supportive services designed to help people make the transition from homelessness to permanent housing. There are two different models of transitional housing in our community: (1) traditional facility-based programs that enable homeless people to benefit from a peer group setting, a time-limited length of stay, and/or a confidential location, and (2) “transition in place” programs in which supportive services are transitional. Once a resident no longer needs supportive services, this individual or household has the option to stay in the affordable unit in which they have been living. In both models, individual needs of the residents determine the type and intensity of services to promote residential stability, increased skill level and/or income, and greater self-determination. The primary funding sources for transitional housing are Seattle Housing Levy, McKinney, Sound Families, CDBG, HOME, Section 8, City General Funds, program income, United Way, and private resources.

*Intended result: To facilitate the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).*

*Current capacity:*

<b>2004 Transitional Housing Inventory Seattle</b>			
<b>Subpopulations</b>	<b>Year Round Beds</b>	<b>Beds Under Development</b>	<b>Total</b>
Youth (under 18 yrs)	35	0	35
Young adults (18-25 yrs)	71	0	71
Single Women	105	0	105
Single Men	380	0	380
Single Adults	636	93	729
Families	1,580	269	1,849
<b>Total</b>	<b>2,807</b>	<b>362</b>	<b>3,169</b>

*Source: 2004 Seattle-King County Consolidated Continuum of Care Application (McKinney)*

### **Permanent Supportive Housing**

For homeless individuals and families with chronic disabilities, long-term housing with supportive services is a critical requirement for sustaining housing stability. This type of supportive environment enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated other public or private service agencies. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites. The primary funding sources for permanent supportive housing are Seattle Housing Levy, McKinney, CDBG, HOME, Section 8, City General Funds, program income, United Way, and private resources.

*Intended results: To allow formerly homeless individuals and families with disabilities to live as independently as possible in a permanent housing setting.*

*Current capacity:*

<b>2004 Permanent Supportive Housing Inventory Seattle</b>			
<b>Subpopulations</b>	<b>Year Round Beds</b>	<b>Beds Under Development</b>	<b>Total</b>
Single Women	90	0	90
Single Men	84	0	84
Single Adults	1,153	183	1,336
Families	12	45	57
<b>Total</b>	<b>1,339</b>	<b>228</b>	<b>1,567</b>

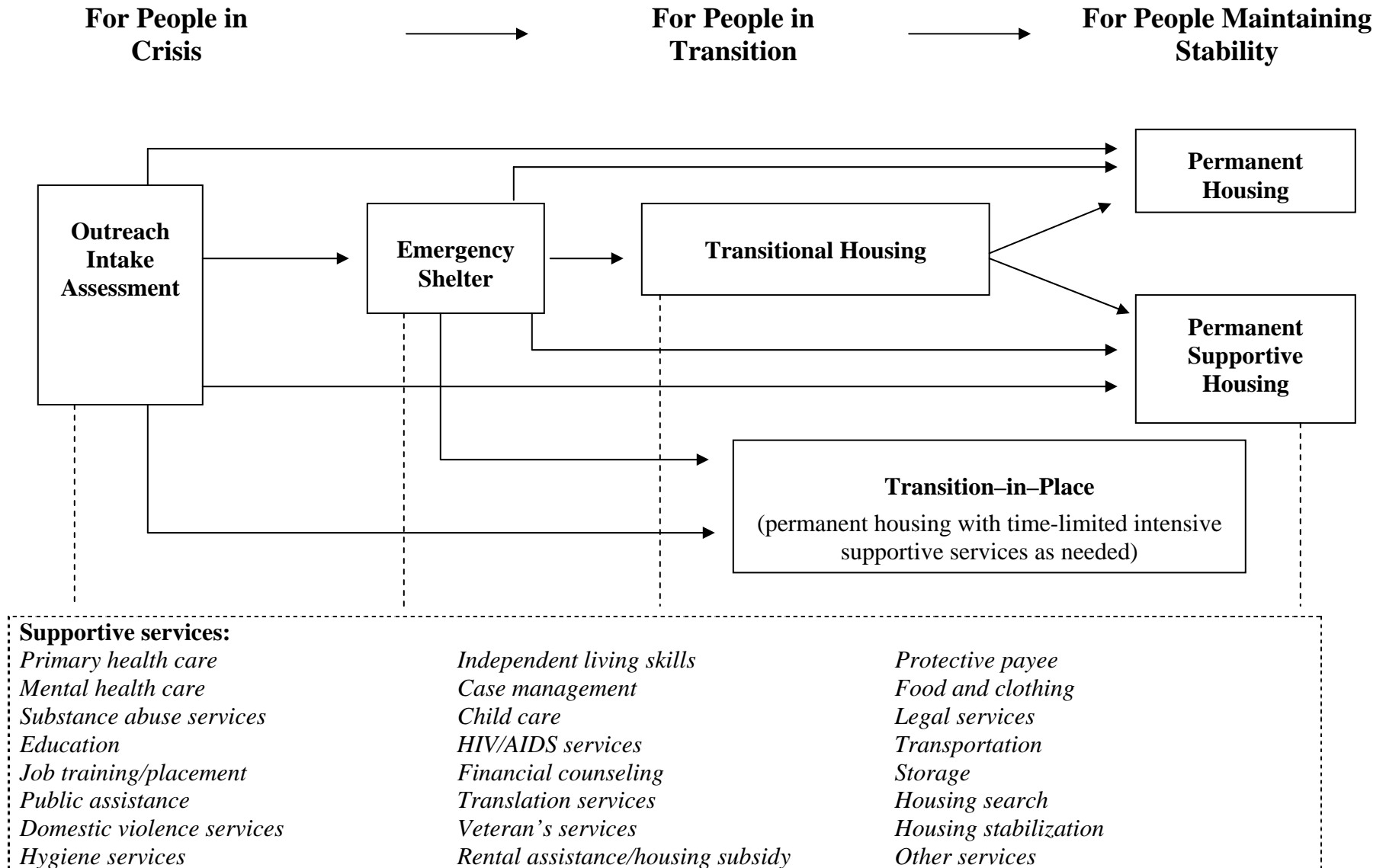
*Source: 2004 Seattle-King County Consolidated Continuum of Care Application (McKinney)*

### **Permanent Housing**

Housing stability is achieved through permanent housing that is affordable (typically incomes that are at or below 30% of median family income). The Consolidated Plan section entitled Low-Income Households with Housing Needs provides a comprehensive discussion about permanent housing needed in our community for low-income individuals and families, including those who are ending their homelessness.

The following diagram illustrates each of the fundamental components of the continuum of care and how they are connected.

# Homelessness Continuum of Care



## Priority Needs of Homeless People

The following two charts are requirements of the 2004 application for McKinney-Vento homelessness assistance funding. *Note: data used for these charts are Seattle and King County.* The methodology used to complete these charts is found on the following page. N=enumeration. E=estimate. A=administrative record.

Planning efforts are underway by the Committee to End Homelessness to identify the appropriate range of emergency shelter, transitional housing, and permanent supportive housing for the needs of homeless people in Seattle and King County. Any changes to these charts, as a consequence of this planning effort, will be reflected in the 2005 update to this Consolidated Plan.

**Continuum of Care: Housing Gaps Analysis Chart (Form HUD 40076 CoC-H)**

Housing Gaps Analysis Chart		Current Inventory in 2004	Under Development in 2004	Unmet need/ Gap
<b>Individuals</b>				
<b>Beds</b>	Emergency Shelter	1962	0	50
	Transitional Housing	1404	93	50
	Permanent Supportive Housing	1865	183	950
	<b>Total</b>	<b>5231</b>	<b>276</b>	<b>1050</b>
<b>Persons in Families with Children</b>				
<b>Beds</b>	Emergency Shelter	761	51	20
	Transitional Housing	2634	407	40
	Permanent Supportive Housing	434	45	150
	<b>Total</b>	<b>3829</b>	<b>506</b>	<b>210</b>

**Continuum of Care: Homeless Population and Subpopulations Chart (HUD Form 40076 CoC-I)**

<b>Part 1: Homeless Population</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
	<b>Emergency</b>	<b>Transitional</b>		
1. Homeless Individuals	1716 (N)	814 (N)	2030 (N/E)	4560
2. Homeless Families w/ Children	174 (N)	445 (N)	483 (E)	1102
2a. Persons in Homeless Families w/Children	589 (N)	1498 (N)	1353 (N/E)	3440
<b>Total (lines 1 +2a)</b>	<b>2305 (N)</b>	<b>2312 (N)</b>	<b>3383 (N/E)</b>	<b>8000</b>
<b>Part 2: Homeless Subpopulations</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
1. Chronic Homeless	738 (E)	220 (E)	1218 (E)	2176 (E)
2. Seriously Mentally Ill	446 (E)	249 (E)		
3. Chronic Substance Abuse	880 (E)	533 (E)		
4. Veterans	326 (N)	88 (N)		
5. Persons with HIV/AIDS	17 (A)	71 (A)		
6. Victims of Domestic Violence	115 (N)	162 (N)		
7. Youth (18 years of age)	35 (N)	59 (N)		

## Methods used to Collect Information for the Housing Activity Chart, Housing Gaps Analysis, and Homeless Population/Subpopulations Charts

Data for the Housing Activities and Housing Gaps Analysis Charts come from the most recent inventory of homeless units in Seattle-King County, compiled in July 2004. This inventory is updated on an annual basis utilizing two primary steps to capture accurate information: (1) review of all housing programs listed on the Crisis Clinic's database ([www.crisisclinic.org](http://www.crisisclinic.org)), reports of new projects from local housing development funders, and meetings with contract specialists who monitor housing programs to identify any changes in the past year (closures, target population, geographic, and capacity), and (2) contact by phone or email with each organization to verify information. Our inventory has received national recognition at a HUD-sponsored meeting on research methodology and data standards. As the only inventory of homeless units in Seattle-King County, it is used by the community for informational and continuum of care planning purposes.

The Housing Gaps were determined using the One Night Count (ONC) as described below and the housing inventory. We estimate that the majority of homeless people simply need permanent affordable housing and are, therefore, not reflected in this chart. For the others, our methodology is described below:

**Individuals** - The gap for Permanent Supportive Housing (950 beds) is calculated by taking the number of unsheltered chronically homeless less the number of Permanent Supportive Housing beds under development. We also accounted for a small proportion of these residents who may move on to other housing (turnover). Program turnaway data indicate a need for additional shelter for single women (50 beds), and transitional housing for young adults ages 18 – 24 (50 beds).

**Families** - The gap (150 beds) for Permanent Supportive Housing is based on HCHN data of families with multiple housing barriers. Turnaway data from providers indicate a need for additional shelter and transitional housing. Readers should note that most of the transitional units under production are transition-in-place units of the Sound Families Initiative; these will become permanent housing through Section 8 vouchers.

*The 24<sup>th</sup> Annual One Night Count (ONC) of people who are homeless in King County, Washington* report, produced by the Seattle-King County Coalition for the Homeless is the source of data for Part 1 of the Homeless Population and Subpopulation Chart. The ONC, conducted on October 16, 2003, consisted of a street count in traditional areas of Seattle-King County, a survey of shelters and transitional programs, and an estimate of the number of people unsheltered in the balance of King County. For the street count, teams of people walked through geographic areas from 2:30 to 5:30 A.M. and counts from those areas were tallied to produce an aggregate, unduplicated count. When ONC canvassers cannot determine age, gender or family composition of those found because they are covered by blankets, in cardboard tents, or sleeping in cars, they are instructed to enter these numbers as unknown or use a standard formula for anyone found in a car. The unsheltered count was supplemented with an estimate of the unsheltered population in the balance of King County, based on turn-away data, information from other mainstream systems (i.e., county sheriffs, mental health providers, food banks, etc.), and other quantifications of homelessness in the balance of county. Due to the limitations of counting people as described above, we have estimated that 60% of the unsheltered people are individuals and 40% are families with 2.8 members per family.

Using our annual *Inventory of Homeless Units in Seattle-King County*, programs identified therein complete a survey that profiles homeless people who are staying that night in emergency shelters, transitional housing programs, and Safe Havens or are being served by hotel voucher programs. The ONC has evolved over the last 25 years to be the best method available to us to capture unduplicated data and monitor trends in population characteristics and service use over time, and we will continue to conduct the ONC until Safe Harbors HMIS is able to provide statistically reliable reports of our sheltered and unsheltered populations.

Efforts are underway in Seattle-King County to establish a baseline number of chronically homeless individuals with consultation with local and national experts, including Dr. Martha Burt. Until the work is completed, the estimated number of sheltered and unsheltered **chronic homeless individuals** is based on data from the Health Care for the Homeless (HCHN) database, our most comprehensive homeless database. We found that 43% of the adults coming in contact with HCHN matched HUD's definition of chronic homelessness. This percentage was applied to the number of individuals in shelter at the time of the One Night Count. Because many of the shelter beds are not service-enriched and our experience tells us that fewer chronic homeless individuals successfully move from shelter to transitional housing without intensive case management and other supportive services, we base the estimate of chronicity in transitional housing programs to be 27% of the individuals, per methodology described in Dr. Martha Burt's recent publication. The ONC serves as the basis for the number of chronic homeless individuals who are unsheltered. Once again, using Dr. Burt's methodology, we estimate 60%, or 1218 of the adults found in the ONC are chronically homeless.

Senior level staff of King County's Division of Mental Health, Chemical Abuse and Dependency Services (MHCADS) estimates that 25% of the single adult population and 10% of the heads of family households in shelter or transitional housing have a **severe mental illness**. The number of **chronic substance abusers** in shelter is also based on advice from senior-level MHCADS staff, who estimate that 60% of the single adult population and 40% of the heads of households are in need of substance abuse treatment. Of the people in need of treatment, 80%, or 880, are chronic substance abusers. Likewise, the estimate for chronic substance abusers in transitional housing is based on the same percentages.

Data for homeless people with **HIV/AIDS** were collected on October 16, the same night as the One Night Count, from administrative records of Lifelong AIDS Alliance, our region's centralized intake entity. Data about **veterans**, **victims of domestic violence** and **youth** (minors alone) come from the ONC.

## Priority needs of homeless people in Seattle supported by Consolidated Plan funding

This Consolidated Plan is an assessment of our continuum of care that takes into consideration an analysis of the best data available, emerging trends, system capacity and performance, changing demographics of homeless populations, best practices and important initiatives that are currently underway. Important information was gleaned from homeless and low-income persons during the public participation process associated with the plan's development and other continuum of care

planning activities. Combined, these assessments have resulted in the following priorities for Consolidated Plan funding to meet the needs of people in Seattle who are homeless or at-risk of homelessness.

*Services:*

- Case management that keeps people in their permanent housing, moves them to more appropriate housing, or prevents evictions;
- Tenant-based rental assistance to help households address housing instability;
- Through the Taking Health Care Home Initiative, encourage provision of supportive services in permanent housing projects to allow chronically homeless people to achieve and sustain housing;
- Supportive services that enable homeless and formerly homeless people to sustain their housing and live as independently as possible;
- Hygiene and day centers services.

*Housing:*

- Day and night shelter with supportive services;
- Increase service-enriched transitional housing that enables residents to move to stable, permanent housing and achieve self-sufficiency;
- Increase the supply of permanent affordable housing units linked with supportive services for homeless and special needs households;
- Increase the supply of below-market-rent housing for households with low-incomes;
- Ensure that City-funded housing units are well-maintained and serve intended low-income residents.

*Continuum-wide priorities:*

- Implement recommendations of the Ten Year Plan to End Homelessness and incorporate relevant policies from the State policy academy on chronic homelessness;
- Work to improve program delivery and services, as well as housing and services funding, for supportive housing through planning and evaluation studies;
- Strive to increase state, federal and private funding for housing and to preserve existing resources through partnerships with public, private and nonprofit organizations;
- Allocate funds in accordance with the Strategic Investment Strategy;
- Shift toward a “Housing First” approach for homeless persons with disabilities who have long histories of being homeless;
- Obtain and evaluate data about homeless people by implementing a homeless management information system.